

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019265

STATE FILE NUMBER

FILED MAY 29 1962 156

Registration District No. 2001 Primary Registration District No. 280 Registrar's No. 280

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin, Missouri</u>		c. CITY OR TOWN <u>Carl Junction, Mo.</u>	
Length of stay in lb. <u>11 Days</u>		Inside Limits <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>609 South Main St.</u>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <u>Yes</u> <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ORVAL WILLIAM BURNHAM</u>		4. DATE OF DEATH Month Day Year <u>5-18-1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-18-05</u>
9. AGE (last birthday) <u>56</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Explosive employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Du Pont Co</u>	
11. BIRTHPLACE (City and state or country) <u>Farmington, Ark.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Wm. Wesley Burnham</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Williamson</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel Burnham</u>		Address <u>Ethel Burnham, 609 So. Main, Carl Jct. Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Ethel Burnham</u>		Address <u>609 So. Main, Carl Jct. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cor pulmonale</u> DUE TO (c) <u>Emphysema</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary Tuberculosis progressive</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>4</u> a.m. <u>2</u> p.m. Month, Day, Year <u>4-2-62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Carl Junction, Missouri</u>		COUNTY <u>Jasper</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>4-2-62</u> to <u>5-18-62</u> and last saw <u>him</u> alive on <u>5-18-62</u>		Death occurred at <u>5-18-62</u> <u>2:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>C. S. Davis MD</u>		22b. ADDRESS <u>Joplin Mo</u>	
22c. DATE SIGNED <u>5/21/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5-20-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Carl Junction, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Don Roney, Carl Junction, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>5-24-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Dore Merriam</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

2986 JUN 4 1982

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign, in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.